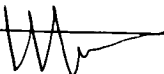


UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 8425L	
		First Inventor or Application Identifier Charles William Fisher	
		Title APPENDAGE FOR A ROBOT	
		Express Mail Label No. EL618955472US	
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231	
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages [13] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets [3]</p> <p>4. Oath or Declaration Total pages []</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed)i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).		<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other:</p>			
<p>* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37. C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §1.28).</p>			
<p>16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. /</p> <p>Prior application information: Examiner: _____ Group/Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
17. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below	
NAME		Paul M. Ulrich	
		The Procter & Gamble Company	
ADDRESS		8611 Beckett Road	
CITY		West Chester	
COUNTRY		United States	
		STATE	OH
		TELEPHONE	(513) 634-9143
		ZIP CODE	45069
		FAX	(513) 634-6108
Name (Print/Type)		Larry L. Huston	
Signature			
		Registration No. (Attorney/Agent)	32,994
		Date	2/16/01



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Confirmation Number	
Filing Date	Express Mailed 2/16/01
First Named Inventor	Charles William Fisher
Examiner Name	
Group/Art Unit	
Attorney Docket No.	8425L

TOTAL AMOUNT OF PAYMENT (\$710.00)11040 U.S. PTO
09/785356

02/16/01

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **16-2480**Deposit Account Name **The Procter & Gamble Company**

- ☒
- Charge Any Additional Fee Required Under status. See 37 CFR §127
-
- 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**1. BASIC FILING FEE - Large Entity**

Code	(\$)	Fee Description	Fee Paid
101	710	Utility filing fee	[710.00]
106	320	Design filing fee	[]
107	490	Plant filing fee	[]
108	710	Reissue filing fee	[]
114	150	Provisional filing fee	[]

SUBTOTAL (1) (\$710.00)**2. EXTRA CLAIM FEES - Large Entity**

	Extra	Below	Fee
	Claims	Fee	Paid
Total Claims	[15]	- 20** = [0]	x [0] = [0]
Independent Claims	[2]	- 3** = [0]	x [0] = [0]
Multiple Dependent			[] = []

** or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	80	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$0.00)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Code	(\$)	Fee Description	Fee Paid
105	130	Surcharge-late filing fee or oath	[]
127	50	Surcharge-late provisional filing fee or cover sheet	[]
139	130	Non-English specification	[]
147	2,520	For filing a request for <i>ex parte</i> reexamination	[]
112	920*	Requesting publication of SIR prior to Examiner's action	[]
113	1,840*	Requesting publication of SIR after Examiner's action	[]
115	110	Extension for reply within 1 st month	[]
116	390	Extension for reply within 2 nd month	[]
117	890	Extension for reply within 3 rd month	[]
118	1,390	Extension for reply within 4 th month	[]
128	1,890	Extension for reply within 5 th month	[]
119	310	Notice of Appeal	[]
120	310	Filing a brief in support of an appeal	[]
121	270	Request for oral hearing	[]
138	1,510	Petition to institute a public use proceeding	[]
140	110	Petition to revive - unavoidable	[]
141	1,240	Petition to revive - unintentional	[]
142	1,240	Utility issue fee (or reissue)	[]
143	440	Design issue fee	[]
144	600	Plant issue fee	[]
122	130	Petitions to the Commissioner	[]
123	50	Petitions related to provisional applications	[]
126	240	Submission of IDS per property (times number of properties)	[]
146	710	Filing a submission after final rejection (37 CFR § 1.129(a))	[]
149	710	For each additional invention to be examined (37 CFR § 1.129(b))	[]
179	710	Request for Continued Examination (RCE)	[]
169	710	Request for expedited examination of a design application	[]
		Other fee (specify) _____	[]
		Other fee (specify) _____	[]

* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$0.00)****SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Larry L. Huston	Registration No. (Attorney/Agent)	32,994	Telephone	(513) 634-9358
Signature				Date	02/16/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.